Director's Report to the
National Advisory Mental Health Council
September 12, 2003

Director's Opening Remarks

It is my pleasure to welcome members of the National Advisory Mental Health Council as well as other participants and guests to the Council meeting. This written report highlights a number of topics that I will address in my oral report to the Council, including a number of exciting scientific discoveries, the release of both the President's New Freedom Commission on Mental Health report and the Institute of Medicine (IOM) report on enhancing the National Institutes of Health (NIH), and progress on the NIH Roadmap, a planning process for all institutes. As the Roadmap makes clear, this is a time of unprecedented scientific opportunity. At the same time, as demonstrated in the President's Commission report, the public health needs are enormous, with a continuing gap between our science and service delivery. Increasingly, NIMH will be addressing these opportunities and challenges collaboratively with other NIH institutes. With the arrival of Dr. Nora Volkow in the National Institute on Drug Abuse and Dr. Story Landis in the National Institute of Neurological Disorders and Stroke, we now have a full complement of directors in the institutes focused on brain and behavior. We all intend to work together as we grapple with a new fiscal reality: budgets are no longer keeping pace with the number of new applications. At NIMH, the simultaneous increase in scientific opportunities and decrease in funds for new initiatives dictates that we set clear priorities for research support. This involves some tough choices that we need to discuss in the Council meeting. I want to express my appreciation to the members of Council for your continuing advice and support of our efforts to set priorities and fulfill our mission to "reduce the burden of mental disorders." I also offer a very sincere thank you to the NIMH staff for their continuing dedication and energy in conducting the work of the Institute.

Of Special Note – High Point and Low Point

As we set priorities for funding, we recognize that we now have the traction to make rapid progress on some of our most serious disorders. As an example, with the discovery of several vulnerability genes for schizophrenia during the past 18 months, we have made unprecedented progress on the genetic risk architecture for this disorder. We still need to learn how these various genes confer vulnerability, but this roster of genes should bring us closer to diagnostic tests for early detection, new strategies for prevention, and even new targets for treatment. We recognize that the road from gene discovery to prevention and treatment is neither simple nor rapid. In order to accelerate this process, we are developing a new program for schizophrenia research within the NIMH Intramural Research Program. This program, under the leadership of Dr. Daniel Weinberger, will involve an interdisciplinary team, from molecular to clinical scientists, using the genetics of schizophrenia to define the pathophysiology of this disorder. Dr. Weinberger's group

has already made many of the seminal discoveries in this area with studies of COMT, BDNF, and several glutamate receptor-related genes. The new program will be a much broader effort to understand how various alleles alter cellular function and ultimately change brain activity and behavior. If this intramural program can serve as an HOV lane on the roadmap for genetics and treatment development, then we will also need to build the extramural support to ensure we have the capacity for innovative studies of schizophrenia, including large-scale clinical trials. I appreciate the support and advice of recent or current Council members, including Drs. Jeffrey Lieberman, Eric Nestler, and Ed Scolnick, who, along with other outstanding intramural and extramural scientists, have provided their individual thoughts and ideas for this new, historic initiative.

Certainly the most tragic moment of these past few months for researchers has been the untimely loss of one of our most brilliant investigators. Dr. Patricia Goldman-Rakic, a former NIMH intramural scientist and member of the NAMHC, was also a principal investigator on a Conte Center grant and one of this nation's most respected leaders in neuroscience research. Her pioneering exploration of the pre-frontal cortex served as the basis for our knowledge of the neurobiology of working memory and provided a model for understanding the pathophysiology of schizophrenia. Her death is an enormous loss to the field, as well as to her family and many friends.

Science of Note

Gene/Environment Interactions in Depression

Among people who suffered multiple stressful life events over five years, 43% with one version of a gene ("short" or stress-sensitive version of the serotonin transporter (SERT) gene) developed depression, while only 17% of those with the "long" version of the gene did so. NIMH grantees Drs. Avshalom Caspi and Terrie Moffitt, University of Wisconsin and King's College, London, and colleagues reported their findings in the July 18th issue of *Science*. Their prospective-longitudinal study of a representative birth cohort suggests that the short version of the SERT gene confers vulnerability to depression in the face of stressful experience, while the long version of the SERT gene confers protection. As noted by the investigators, "this epidemiological study thus provides evidence of a gene-by-environment interaction, in which an individual's response to environmental insults is moderated by his or her genetic makeup."
Caspi A, Sugden K, Moffitt TE, Taylor A, Craig IW, Harrington H, McClay J, Mill J, Martin J, Braithwaite A, Poulton R. Influence of life stress on depression: moderation by a polymorphism in the 5-HTT gene. Science. 2003 Jul 18;301(5631):386-9.

Creation of New Neurons Critical to Antidepressant Action in Mice

Blocking the formation of neurons in the hippocampus interferes with the behavioral effects of antidepressants in mice, according to a paper published by Dr. Rene Hen, Columbia University, in the August 8th issue of *Science*. A grantee of NIMH and NIDA, Dr. Hen's finding lends new credence to the proposed role of such neurogenesis in lifting mood. It also helps to explain why antidepressants typically take a few weeks to work. While it has been known that antidepressants influence the birth of neurons in the hippocampus, the new study indicates that this effect may be important for the clinical

response. The results suggest that treatments that encourage hippocampal neurogenesis could provide novel avenues in developing medications for anxiety and depressive disorders.
Santarelli L, Saxe M, Gross C, Surget A, Battaglia F, Dulawa S, Weisstaub N, Lee J, Duman R, Arancio O, Belzung C, Hen R. Requirement of hippocampal neurogenesis for the behavioral effects of antidepressants. Science. 2003 Aug 8;301:805-809.

Brain Cells Seen Recycling Rapidly To Speed Communications
The tiny spheres inside brain cells that ferry chemical messengers into the synapse make their rounds much more expeditiously than once assumed, NIMH funded researchers have discovered. They used a dye to track the behavior of such synaptic vesicles in real time, in rat brain cells. Rather than fusing completely with the cell membrane and disgorging their dye contents all at once, brain vesicles more often remained intact, secreting only part of the tracer cargo in each of several repeated, fleeting contacts with the membrane, reported Dr. Richard Tsien, Stanford University, and colleagues Alex Aravanis and Jason Pyle, in the June 5th *Nature.* Dubbed "kiss-and-run" recycling, this allows for more efficient communication between brain cells, suggest the researchers.
Aravanis AM, Pyle JL, Tsien RW. Single synaptic vesicles fusing transiently and successively without loss of identity. Nature. 2003 June 5;423(6940):643-7.

Monkey's Memory Cells Caught in the Act of Learning
Scientists have detected direct evidence of individual brain cells signaling the formation of new memories. Neurons they call "changing cells" in the hippocampus, the brain's memory hub, emit telltale signals as a monkey learns an associative memory task, the researchers have discovered. While past studies established that new associative memories - such as learning the name of a new acquaintance - couldn't be learned without the hippocampus, none had pinpointed such smoking guns of memory acquisition at the neural level. Dr. Wendy Suzuki, New York University (NYU), and colleagues reported their findings in the June 6th *Science*. "This study provides a direct demonstration of learning-related neural plasticity in the hippocampus," notes Suzuki, who was funded by NIMH and NIDA.
Wirth S, Yanike M, Frank LM, Smith AC, Brown EN, Suzuki WA. Single neurons in the monkey hippocampus and learning of new associations. Science. 2003 June 6;300(5625):1578-81.

Lithium Shows Promise Against Alzheimer's in Mouse Model
An enzyme crucial to formation of Alzheimer's plaques and tangles may hold promise as a target for future medications, suggest studies in mice and cells. By blocking the enzyme, lithium stems the accumulation of beta amyloid, which forms Alzheimer's plaques, according to a report in the May 22nd issue of *Nature*. Inhibiting the enzyme, glycogen synthase kinase-3 alpha (GSK-3 alpha), also blocks formation of neurofibrilary tangles by the *tau* protein. Dr. Peter Klein, University of Pennsylvania School of Medicine, led the research team, which was funded by NIMH and the National Institute on Aging. Dr. Klein cautions that although widely used to treat bipolar disorder, lithium's propensity to cause side effects may limit its use in older people, who are more

susceptible to Alzheimer's disease. But the study demonstrates the importance of developing new agents that specifically target GSK-3 alpha.
Phiel CJ, Wilson CA, Lee VM, Klein PS. GSK regulates production of Alzheimer's disease amyloid-b peptides. Nature. 2003 May 22;423:435-439.

The Epidemiology of Major Depressive Disorder: Results from the National Comorbidity Survey Replication
Under the leadership of NIMH grantee Dr. Ronald Kessler of Harvard University, a team of researchers reported in the June 18th *JAMA* the first results of the National Comorbidity Survey Replication, a nationally representative epidemiologic survey of mental illness in the U.S. Their findings, focused on the prevalence and correlates of major depressive disorder (MDD), revealed that among U.S. adults (ages 15-54), 16.2 % have experienced MDD in their lifetime, with 6.6% of the population experiencing MDD in the preceding year. An estimated 57% of people with MDD in the preceding year received some type of treatment, primarily in the specialty mental health sector. Although this represents an improvement in the proportion of ill people treated, data on the adequacy of treatment suggest the need for improvements in mental health care for depression.
Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR,; Rush JA, Walters EE, Wang PS. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA. 2003;289:3095-3105.

Depression Treatment Effective In Low-Income Minority Women
Treatment with medication or psychotherapy reduced depressive symptoms in low-income women from minority populations, according to research funded by NIMH. The women benefited from depression treatment when it was paired with intensive outreach – such as transportation and childcare – and encouragement to support the interventions. The women achieved lower levels of depressive symptoms and also gained higher levels of functioning in daily life. The effect of treatment was not modified in those women with comorbid PTSD. Research findings appeared in the July 2nd issue of *JAMA*.
Miranda J, Chung JY, Green BL, et al. Treating depression in predominantly low-income, young, minority women: A randomized controlled trial. JAMA 2003;290:57-65.

AIDS Clinical Care Recommendations Report
NIMH's Dr. Christopher Gordon and colleagues from CDC, HRSA, NIH, and the HIV Medicine Association of the Infectious Disease Society of America collaborated on a set of clinical care recommendations published recently in the *Morbidity and Mortality Weekly Report.* The recommendations are intended for all personnel providing medical care to HIV-infected persons and for people who deliver prevention messages in such care settings (case managers, social workers). They were developed using an evidence-based approach, in which NIMH-funded research played a prominent role. On November 13, 2003, Dr. Gordon will moderate a CDC-delivered national satellite

broadcast and web cast (http://www.cdcnpin.org/broadcast) to reach HIV prevention and treatment professionals.
Morbidity and Mortality Weekly Report, Recommendations Report. 2003 Jul 18; 52 (RR-12): 1-24.

NIMH Public Outreach

The Office of Communications (OC) is continuing to raise awareness about men and depression through its **Real Men Real Depression** multimedia national public education campaign. NIMH has conducted extensive media outreach, placed the campaign Public Service Announcements (PSAs), and worked in partnership with national advocacy, health and physician groups. In the first five months, outreach activities have reached an audience of more than 159 million.

Active media efforts garnered stories featured in *The Washington Post, Associated Press*, *CNN's Headline News*, *ABC World News Tonight*, and *The Sam Donaldson Show* on ABC Radio Network, with additional stories in the works. In the September 8th issue of *Sports Illustrated*, a story about male athletes and depression featured Shawn Colten, national diving champion, and one of the men featured in the campaign, and Dr. Dennis Charney. PSA placements in print, television, and radio have an advertising value of $1.5 million thus far. The print PSA placements include *The Los Angeles Times, The New York Times, Forbes,* and other major publications.

Nine dioramas featuring the men in the campaign were displayed at Reagan National Airport in Washington, DC from May through July (some of which are still up). Plans are underway for the Atlanta and Chicago airports, the two busiest in the nation, reaching over 35 million people per month.

Public response has been overwhelmingly positive, with approximately 300,000 page views for the Web site (more than 2 million hits) and an estimated 250,000 copies of **Real Men Real Depression** publications distributed. NIMH has received nearly 1,000 calls and emails from many men and their families describing their experiences, requesting information, and offering to help the campaign.

Research Roundtable

NIMH held its 7th Annual Research Roundtable in June at the National Press Club in Washington, D.C. The Roundtable provides a critical forum for the director and staff to hear from members of the Institute's constituency groups as NIMH plans its future research agenda. The constituency groups include consumers, providers of mental health services, family members, research scientists, and representatives from advocacy and professional organizations invested in helping build a carefully planned research program.

In addition to an update on the state of the NIMH, attendees heard presentations highlighting NIMH research. Dr. Ellen Frank discussed her work on individualizing psychotherapeutic treatments for depression; Dr. Charles Nemeroff talked about

depression as a disease of the whole body; Dr. Nina Schooler discussed the early course of schizophrenia and implications of treatment; Dr. Dennis Charney spoke on the psychobiological mechanisms of resilience and vulnerability; Dr. Jane Pearson described NIMH research efforts to reduce suicidality; and Dr. Wayne Fenton informed the group about the new NIMH Measurement and Treatment Research to Improve Cognition in Schizophrenia program (MATRICS). The last hour of the meeting was devoted to open discussion.

NIH Roadmap Progress

The NIH roadmap is a planning process for trans-NIH initiatives that will develop science and technology to enable rapid progress in biomedical research. As described at recent Council meetings, there are three major thrusts to this effort: new pathways to discovery, research teams of the future, and re-engineering clinical research. Several specific initiatives have been developed and cross-institute implementation groups are now working on specific plans, including generating RFAs and developing new intramural resources. Funding in FY2004 will be $135M, including funds appropriated to the NIH Director as well as pooled funds from each institute. At NIMH, we see the roadmap as an opportunity to increase interaction with other institutes, to reduce redundancy in research efforts, and, most of all, to participate in a bold effort to transform the way we do science, from structural biology to clinical research (see *Science* Aug 15, 2003;
page 902).

The Implementation Groups are listed below with the NIMH representative for each group.

New Pathways to Discovery

Building Blocks and Pathways
Chip Gerfen

Molecular Libraries and Imaging
Tom Insel (lead)
Linda Brady

Structural Biology
Sandy Markey

Bioinformatics and Computational Biology
Dennis Glanzman
Mike Huerta

Nanotechnology
(no NIMH rep)

Research Teams of the Future

Interdisciplinary Research Teams
Husseini Manji
Dianne Rausch
Mike Huerta

Public/Private Partnerships
Wayne Fenton
Junius Gonzales

High Risk Research
Richard Nakamura

Re-engineering the Clinical Research Enterprise
Grayson Norquist

Institute of Medicine Report

In a report accompanying its fiscal year 2001 appropriations bill, Congress requested a systematic examination of the organizational structure of the NIH, to determine how it

might best meet the changing scientific needs of the 21st century. The National Research Council and the Institute of Medicine (IOM) of the National Academies was selected to conduct the study, and formed the Committee on the Organizational Structure of the NIH to carry out the task. The Committee met for six two-day meetings over 10 months (between July 2002 and April 2003), during which time it heard the views of basic and clinical research constituents as well as health advocacy communities.

At the end of July 2003, the Committee released its report, "Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges" which lists 14 recommendations. For the full report visit http://www.nap.edu/catalog/10779.html.

On September 2-3, the directors of the 27 NIH institutes and centers met with the NIH Director, Dr. Elias Zerhouni, to discuss each of the IOM recommendations. A fundamental theme discussed throughout this retreat was the need for better coordination across NIH institutes and the importance of supporting high-risk research.

President's New Freedom Commission on Mental Health

In April 2002, George W. Bush established the President's New Freedom Commission on Mental Health. The Commission was directed to identify policies that could be implemented by Federal, state and local governments to maximize the utility of existing resources, improve coordination of treatments and services, and promote successful community integration for adults with a serious mental illness and children with a serious emotional disturbance. After a yearlong study the final report was released in July 2003.

Secretary Thompson has asked the Substance Abuse and Mental Health Services Administration (SAMHSA) to undertake the Administration's first review and response to the report. NIMH will work with SAMHSA to ensure that the Commission's recommendations are implemented. In particular, the report stressed the importance of the science to service cycle. NIMH will continue to provide the evidence-based practices and with our services research program, develop strategies to ensure that these practices are implemented in the community. The full report is available at http://www.mentalhealthcommission.gov/reports/reports.htm.

Research Conferences

New Clinical Drug Evaluation Unit (NCDEU) Meeting

More than 1,200 psychopharmacologists and clinical intervention researchers from academia, the pharmaceutical industry, and government attended the annual NCDEU meeting in Florida in May. Emphasizing the Institute's interests in interventions research, the meeting theme was *Treatment and Preventive Interventions Research: From Laboratory through Clinical Trial to Practice*. Highlights included the latest findings from the large NIMH-supported effectiveness trials. The FDA symposium featured cognitive deficits in schizophrenia as a target for drug development, complementing other

meeting sessions on the NIMH-supported MATRICS study. For abstracts and some oral sessions visit http://www.nimh.nih.gov/ncdeu/2003abstracts.pdf.

AIDS Prevention Research Conference
In July, Drs. Christopher Gordon and Andrew Forsyth convened a joint meeting "*Prevention Interventions with Persons Living with HIV/AIDS: NIH/CDC/HRSA Update*" in conjunction with the National HIV Prevention Conference in Atlanta. The meeting was designed to alert the scientific, federal/funding agencies, HIV-treatment and prevention service providers, and HIV community members about interventions now in the research pipeline. Participants reviewed existing interventions that support those living with HIV (and their partners) in adopting and sustaining HIV and STD risk-reduction behaviors. A summary document to be published in 2004 will provide recommendations for expanded multi-agency research and clinical/community collaborations to expedite rapid implementation of efficacious interventions. For more information visit http://blsmeetings.net/1821/Agenda.cfm.

Symposium on HIV Transport in Brain
The NIMH symposium "CVB Pathophysiology and Disease: HIV and NeuroAIDS," organized by Dr. Jeymohan Joseph, was held in conjunction with the 5th International Conference of Cerebral Vascular Biology in June in Amarillo, Texas. This symposium served as a forum for junior investigators to discuss their work on the role of blood-brain barrier in regulating entry of HIV-1 and antiretroviral drugs into the central nervous system.

AIDS Prevention Family Research Conference
The NIMH annual "International Conference on the Role of Families in Preventing and Adapting to HIV/AIDS" was held in July in Washington, DC. The first day of the conference, traditionally planned by a local group in the city where the conference is held, was devoted to a science laboratory and solicited research concepts in advance. Family prevention experts funded by NIMH then provided technical assistance to the potential local grantees. It is hoped that two to three grant proposals from this effort will be submitted in January to NIMH and several more in May. Dr. Carl Bell was the keynote speaker on "Building Community Collaborations."

Child Mental Health Research Enhancement Conference
Dr. Regina Smith James of the Developmental Psychopathology & Prevention Research Branch, DMDBA, organized the conference "Enhancing Research Efforts in Child Mental Health" in July. This meeting brought together key stakeholders in child mental health research to identify critical barriers to recruitment of new investigators, examine current training practices, and develop strategies and recommendations. Co-sponsored by the American Academy of Child & Adolescent Psychiatry and the Society for Professors of Child & Adolescent Psychiatry, the meeting marks a progression toward addressing the challenges outlined in "A Report of the Surgeon General's Conference on Children's Mental Health: A National Agenda" (2000) and NIMH's "Blueprint for Change: Research on Child & Adolescent Mental Health" (2001).

Budget

FY 2004 Congressional Action

Attached to this report is a table showing House and Senate Action to date on the NIH appropriations for FY 2004. On July 10, the House passed a Labor-HHS-Education Appropriations Bill (H.R. 2660) that accepted the President's Budget request of $27.664 billion in appropriations for NIH, representing an increase of 2.5% over FY 2003. The full Senate has not completed its action on its Labor-HHS-Education Appropriations Bill (S. 1356), but on June 26th, the Senate Appropriations Committee recommended $27.983 billion for the NIH in FY 2004. This is an increase of $319 million over the House Action and an increase of 3.7% over FY 2003.

For the NIMH, the action by the House would provide $1.382 billion, the same as the President's Budget request and an increase of 3.1% over FY 2003. The Senate Committee version would provide $1.391 billion for the NIMH or 3.7% over FY 2003. Although the Senate amount is an increase of $9 million over the House-passed bill, the Senate version includes directives for higher taps and assessments that would actually provide a lower program funding level for NIMH than the House-passed version.

Budget Outlook for FY 2004

The good news is that we have more money, and we are funding more grants than at anytime in our history. The bad news is that the combination of a marked increase in the number of proposals and the escalating cost of proposals has outstripped our budget increases. Not surprisingly, five years of relatively large budget increases have resulted in an expanded pool of applicants. Indeed, applications for non-AIDS Research Project Grants (RPGs) through the first two payment cycles of FY 2004 (September and January Councils) are running about 25% higher than for the same two periods last year. At the same time, the total amount of funding available to the NIMH in FY 2004 will probably increase by only 3.1% (House) to 3.7% (Senate) as discussed above. These two trends obviously suggest a declining payline and a declining success rate in FY 2004 compared to FY 2003. What this means is that NIMH needs to set clear priorities for areas that it will support and areas that it will re-direct.

Extramural Loan Repayment

NIMH is funding 119 extramural loan repayment contracts with the $5.0 million budgeted for this program in Fiscal Year (FY) 2003. This represents 64% of the total applicants deemed to be eligible, following the transfer of some applications to other institutes and centers. Of the 119 selected applicants, 34 are MDs; 84 are PhDs; and one is a PsyD. Of the 119 selected applicants, 20 (17%) are under the pediatric research program, while the remaining 99 (83%) are under the more general clinical research program. Of the 34 selected MDs, five are under the pediatric research program (100% success rate), and 29 are under clinical research program (78% success rate).

The Revised President's FY 2004 Budget provides $5.1 million for the NIMH Loan Repayment Program next year.

Major Awards

Dr. Jane L. Pearson, Associate Director, Preventive Interventions in the Division of Services and Intervention Research (DSIR), received the DHHS Secretary's Award for Distinguished Service in recognition of her contributions to research on suicide.

Dr. Barry D. Lebowitz, Chief, Adult & Geriatric Treatment Intervention Research Branch in DSIR, received the 2003 Host Country Award of the International Psychogeriatric Association in recognition of his contributions to research on the mental disorders of late life.

At the **New Clinical Drug Evaluation Unit** meeting, a special awards ceremony and reception honored 13 competitively selected participants in the NCDEU New Investigator program, who participated in a closed workshop and presented their original research at the regular poster sessions.

Staff Changes

Arriving:

Dr. Nancy Desmond has joined the Division of Neuroscience and Basic Behavioral Science as a Program Officer in the Research Training and Career Development Office. Dr. Desmond comes from the University of Virginia where she was an Associate Professor of Research in the department of neurological surgery. During her productive research career, she was the principal investigator on NIMH, NINDS, and NSF grants, and she has NIH study section experience. She was also an NIMH predoctoral fellow. As a faculty member, she played an active role in pre- and postdoctoral training and mentoring. The major focus of her research career has been hippocampal synaptic plasticity, including the study of hormonal influences on these processes.

Dr. Della Hann returned to NIMH in July to serve as the Director, Office of Science Policy and Program Planning. Previously, she served as the Acting Director, Office for Reports and Analysis and Senior Policy Advisor in the Office of Extramural Research, NIH. While in OER, Dr. Hann had a number of reporting, outreach, and policy responsibilities involving the statistical analysis and reporting of NIMH extramural funding data, the CRISP database, GrantsInfo, the inclusion of women and minorities, human embryonic stem cell research, and the HIPAA Privacy Rule. Prior to working in OER, Dr. Hann was the Associate Director for Research Training and Scientific Collaborations within the Division of Mental Disorders, Behavioral Research, and AIDS at NIMH and served as project officer for portfolios of research involving developmental psychopathology, family processes, and interpersonal behavior.

Kate Egan joins the Office of Science Policy and Program Planning as science writer. She comes to NIH from the American Cancer Society's national headquarters in Atlanta, where she was managing editor for web content. There she was responsible for strategic planning for national cancer campaigns, managing content needs of collaborating partners, and managing a daily online news magazine for consumers. She spent five years at Emory University, as public relations director of the Yerkes Primate Center, and

as public relations director of Emory's Winship Cancer Center. At Emory, she was involved in strategic planning, media relations, crisis communications, publication writing and production. She has been a science writer and/or editor at WebMD, the National Institute on Aging, the Centers for Disease Control and Prevention, and Georgetown University Medical Center.

Dr. David Leopold will soon join NIMH as a tenure track investigator to head a new joint program and non-human primate functional imaging core facility with NINDS and NEI. Since 1997, Dr. Leopold has served as a research scientist with the Max Planck Institute for Biological Cybernetics, Germany. Dr. Leopold's research interests are in the exploration of neural mechanisms within the visual cortex related to perceptual organization. He is concerned with how the brain solves difficult or ill-posed perceptual problems, as a tool for physiologists to isolate and explore active elements of vision. A second area of interest is the global interaction in the brain underlying different states of consciousness, with a focus on how such networks impact visual processing, and characterizing the interactions and dependencies between cortical and subcortical structures.

Dr. Susan Swedo, formerly Chief of the Pediatric and Developmental Neuropsychiatry Branch within the NIMH Intramural Research Program, joined the extramural staff in June as Chief of the Developmental Psychopathology and Prevention Branch within the Division of Mental Disorders, Behavioral Research, and AIDS. She continues in her role as Associate Director for Child and Adolescent Research for the Institute.

Dr. James Winslow joined the institute in July as head of the Neurobiology Primate Core, NIMH Intramural Research Program, to provide support for non-human primate research related to psychiatric disorders. His research interests include the neurobiology of social and emotional behavior in non-human primates. He comes to NIMH from the Yerkes National Primate Research Center of Emory University, where he held a joint appointment as an Associate Professor in the department of psychiatry at Emory Medical School. Prior to that, he was a postdoctoral fellow and a senior staff fellow at NIMH.

Departing:
Dr. Doreen Koretz, formerly Chief of the Developmental Psychopathology and Prevention Branch of the Division of Mental Disorders, Behavioral Research and AIDS, left NIMH in June to become Assistant Provost for Social Sciences and Professions at Harvard University, where former NIMH Director Dr. Steven Hyman serves as Provost.

Dr. Carolyn Morf will be leaving NIMH in early October, after five years as Chief of the Personality and Social Cognition Program in the Behavioral Science Research Branch. Carolyn will be taking an academic position at the University of Berne, Switzerland.

Paul Sirovatka, Senior Science Policy Writer and Speechwriter, left NIMH in July, after 30 years with the Institute. He served in this capacity for seven NIMH directors as well as for the head of ADAMHA. He served as NIMH Information Officer for all the major operating divisions of the Institute and as Chief of Public Information in the Media

Relations branch. Paul also wrote monographs, book chapters, journal articles and journal special sections as a freelancer. Paul is now at the American Psychiatric Association as Director, Research Policy Analysis, in the Division of Research. He will examine and write about policy implications of research on psychopathology, treatment guidelines, and health services research. He also will work closely with various NIMH and NIH staff and other experts to develop and publish proceedings of a series of APA conferences being held over the next several years to define a research agenda to inform the development of the DSM-V.

Diana Trunnell, Assistant Chief of the Grants Management Branch, Division of Extramural Activities, and Deputy Grants Management Officer, retired at the end of August after 42 years of Federal service at NIMH. Diana played a vital role in supporting a robust program of research at NIMH with her knowledgeable approach to grants management issues, her expertise in training grants and career awards, and her dedication and skill in supporting the business management aspects of the Institute's grant programs.

Closing Remarks

As I noted at the outset, we are faced with great scientific opportunities and important public health needs. At the same time, we have a dropping payline at NIMH. Over the past three months, the NIMH leadership has debated how to balance the changing fiscal picture with our need to support innovative, high-impact science, especially in the R01 pool. We have been cutting budgets in our grant awards, but reducing support for funded grants is not an optimal solution, as it generates more proposals and ultimately drops the payline even further. We have looked at several other options and ultimately concluded that the best solution is to re-focus our portfolio, directing some grants to other institutes and refining our areas of support. Portfolio management requires difficult decisions, often made with incomplete data. But unless we define those areas in both basic and clinical research that will lead to the greatest impact on mental health, we will spread our resources broadly but lack sufficient support in the areas where we can make the most rapid progress. All of us at NIMH take our mission seriously. We are here to make a difference for people with mental disorders. But, we also recognize that we do not have all the answers. We look forward to working with the Council and with public advocates as we set priorities. The title of the report of the President's New Freedom Commission on Mental Health is "Achieving the Promise: Transforming Mental Health Care in America." Our part of this bold vision must be to achieve the promise of research, transforming both treatment and prevention for people with mental disorders through science.